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APPLICANTS

Samuel A. Best, Greenfield, IN;

** CONTINUING DATA *****
none MC

** FOREIGN APPLICATIONS *****
none MC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>W. Herold, C. S. M.</i>	IN	6	20	2
Verified and Acknowledged	Examiner's Signature <i>W. Herold, C. S. M.</i>	Initials			

ADDRESS

24314
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TITLE

Trash bag dispenser

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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